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Bib Data Sheet

CONFIRMATION NO. 2290

SERIAL NUMBER 09/186,810	FILING DATE 11/05/1998 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 1416.25US02
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APPLICANTS

WENDA C. CARLYLE, VADNAIS HEIGHTS, MN;
 SHEILA J. KELLY, VADNAIS HEIGHTS, MN;
 MATTHEW F. OGLE, SAINT PAUL, MN;

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 09/014,087 01/27/1998

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE**

GRANTED ** 11/25/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	7	27	2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

24113

TITLE

PROSTHESES WITH ASSOCIATED GROWTH FACTORS

FILING FEE RECEIVED 944	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/186,810	11/05/98	623	3738	S16.12-0052

APPLICANT WENDA C. CARLYLE, VADNAIS HEIGHTS, MN; SHEILA J. KELLY, VADNAIS HEIGHTS, MN; MATTHEW F. OGLE, SAINT PAUL, MN.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CIP OF 09/014,087 01/27/98 - Prefile

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

FOREIGN FILING LICENSE GRANTED 11/25/98

Foreign Priority claimed 35 USC 119 (e-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____	Initials _____				

ADDRESS PETER S DARDI WESTMAN CHAMPLIN AND KELLY SUITE 1600 INTERNATIONAL CENTRE 900 SECOND AVENUE SOUTH MINNEAPOLIS MN 55402-3319

TITLE PROSTHESES WITH ASSOCIATED GROWTH FACTORS	
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FILING FEE RECEIVED \$944	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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